

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC 1849024

SL-39863

=63-018010

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4631

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 2 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St Louis**

Length of stay in 1b  
**17 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Illinois** b. COUNTY

c. CITY  
OR TOWN **Glen Carbon**

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Vets Adm Hosp**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **Box 66** (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**Oliver A. Neutzling**

4. DATE OF DEATH  
Month Day Year  
**4/27/63**

5. SEX  
**Male**

6. COLOR OR RACE  
**white**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**8/3/94**

9. AGE (last birthday)  
**68**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Belleville, Ill**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Joseph Neutzling**

13b. MOTHER'S MAIDEN NAME

**Fanie**

14. NAME OF HUSBAND OR WIFE

**Jean Neutzling**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WWI**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Jean Neutzling Wife (See 2 above)**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral Vascular Accident**

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**Generalized Arteriosclerosis**

DUE TO (c)

**331X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. **XVA** attended the deceased from **4/11/63** to **4/27/63** and last saw him alive on **4/27/63**  
Death occurred at **7:40 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Removal**  
**4-30-1963**  
**Weber F. H. Edwardsville**

**APR 29 1963**

**Glen Carbon, Ill**  
**Neal Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1  
2 81207  
3 21  
4 0  
5 1  
6  
7 1  
8 2  
9  
10  
11  
12 83-0  
13  
83

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Philip H. Weber

Licensed Embalmer No. 4985

P. O. Address Edwardsville, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.